WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER

2012 C. E. REINSTATEMENT FORM

Due to Non-Compliance with Continuing Education For the 7-1-2010 thru 6-30-2012 Reporting Period Agents Licensing & Education (304) 558-0610

WV License #				
PRINT Full Name:		(Last Name - Fir	irst - Middle)	_
Home Address:				_
	Check if this is a ne	ew address		_
Telephone Number:		Email:		
Residents If you have before proceeding.	moved from Wes	t Virginia to a	another state, contact our office	
			ed for non-compliance with continuous 7-1-2010 and ended 6-30-2012.	uing
will be applied to my rec completion date AFTER Administrative Code of S	ord for the reporting 6-30-2012 are substate Rules 114-42	ng period that object to the p -6.5) calculated	of course completion certificates ended 6-30-2012. Any courses we payment of the fees (pursuant to ed below. I understand that, once additional continuing education continuing e	vith a WV e my
	Il contact the con	mpany(ies) and	urance company I intend to represent advise them to submit the prosurance Commissioner.	
Signature:			Date:	
# Hours completed After 6	5-30-2012 x \$5.	00 per hour	= Total Due for Reinstaten	ient
			\$	
Ck./MO #	Date of	Ck./MO:		

Check or Money Order (No Cash) payable to: WV Offices of the Insurance Commissioner

Mail form and fee to:
WV Offices of the Insurance Commissioner
Agents Licensing & Education
PO Box 50541
Charleston WV 25305-0541

Overnight Address: WV Offices of the Insurance Commissioner Agents Licensing & Education 1124 Smith St., Rm 402 Charleston WV 25301